

VOLUME 5

NUMBER 1

ORAL HYGIENE

OCTOBER

1915



THE JOURNAL OF ORAL HYGIENE
DETROIT, MICHIGAN

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ORAL HYGIENE

A JOURNAL FOR DENTISTS

VOLUME V.

OCTOBER, 1915

NUMBER X.

KEEP OFF THE CLOVER

JOHN PHILIP ERWIN, D.D.S., Perkasie, Pa.

Dr. Woods Hutchinson is well informed as to dental subjects and wields a facile pen. It is he who coined the phrase, "A man is known by the teeth he keeps." The writer resents the M.D. who sets himself up as an authority on dental subjects and his criticism is most timely. The history of medical practice is filled with "cures" that have failed to materialize. Of late, the medical profession have gone into hysterics over the treatment of pyorrhea and condemn the dentist who hesitates to accept the findings of members of his clan as 100 per cent. pure. For some reason the M.D. seems to think he cannot disgrace himself outside of his own profession.

THE *Philadelphia Public Ledger*, in its issue of July 4th, 1915, published an article entitled, "Good Teeth Mean Long Life," by Woods Hutchinson, M.D. An editor's note at the end of the article proudly informs the reader, "This is the first of a series of twelve articles by Woods Hutchinson. The second, 'How Death Lurks in Your Mouth,' will appear next Sunday."

I can conceive of no greater indignity that could be hurled at our honorable profession than to have a newspaper, recognized as ethical, publish dental articles prepared by an M.D.—or anyone not engaged actively in the practice of dentistry. Every faithful member of our profession must feel keenly this hidden thrust from the hands of a publicity

hungry Brutus. Every loyal member should vigorously resent it.

Is it possible, that after all our years of sincere study, restless research and patient practice, we are not competent to answer every dental question of importance to the public health? Can it be that among the many brilliant minds in the dental profession, minds equal to the brightest in the intellectual realm, there isn't one learned enough to properly prepare articles on dental topics? Must dentistry, when about to garner the harvest of long years of honest toil, stand meekly aside, and permit others to pluck its golden fruit? Will you, brother D.D.S., suffer nonchalantly such purloining of dental honors?

If you were to announce the inauguration of an educational campaign to teach the suffering public how to escape the Jinx of Illness, do you believe the M.D. would interfere? Publish an article on "Vaccination a Sure Cure—or Cause—for Tuberculosis," or "How to Produce Cardiac—Complications With Anti-Toxin," and watch the medical "goblins git you."

The history of the medical profession shows that its members always have combatted vigorously every outside influence that threatened their hallowed possessions. Homeopaths, Osteopaths, Faith Healers and Christian Scientists can attest to the truth of this statement. "No Trespassing" signs have long adorned the M.D. preserves.

For exercising this self-preservation spirit, we do not criticise them. Because they fail to regard the rights of the dental profession we do rebuke them.

Like its older brother the dental profession should wage unrelentlessly bitter warfare against every power that seeks to transgress its privileges. It is the bounden duty of every dental practitioner, dental society, and dental journal to condemn severely both Woods Hutchinson, M.D., for overstepping his professional prerogatives, and the *Philadelphia Public Ledger* for being abettor in such an unkind act. Unless we guard jealously our privileges, we will not long enjoy them.

As the D.D.S. pastures are small compared to those of the M.D. they should not be coveted.

Notwithstanding the fact that the M.D. has the entire remaining physical body to study, dream and preach about, still he is selfishly unwilling to grant the D.D.S. the just and well-earned privilege of caring for and treating the comparatively small portion of the human economy, the mouth. Their fields of activity should be all sufficient. Necessity cannot be the mother of their motive.

The lack of weighty problems to solve should not impel them to discuss dental topics. They have not answered all their own questions. The cause of "colds" has not been satisfactorily set forth. The unbounded influence of specific diseases upon the human family have never been ascertained. The habits of protoplasm are hidden from us. Many similar vital problems remain unsolved.

An insatiable greed for publicity should not drive the M.D. into dental fields. The M.D. soil has yielded an hundred fold, has produced a harvest far beyond the most sanguine dental dreams.

To illustrate. The President of the United States the Hon. Woodrow Wilson, visited a dentist in Philadelphia for professional services. A few daily papers inadvertently mentioned the fact. They omitted the name and address of the dentist. They

did not publish his history or any one fact concerning him whereby the interested public might learn of the dental practitioner and later patronize him. A gentleman would class the affair as strictly ethical. Selah!

The President of the United States, the Hon. Woodrow Wilson, visited an eye specialist in Philadelphia for treatment. The daily papers, under glaring headlines, proclaimed the wonderful event. They also gave the name and address of the specialist. And concluded a brief history of the physician by stating that the doctor was a professor in the University of Pennsylvania. A business man would class all this as gilt-edged advertising. Amen.

The feminine M.D., seeking her share of notoriety, struts the unsanitary streets in a sanitary suffragette procession. The daily papers, eager to supply news, report that Dr. Mrs. Mary Jane Killum, graduate of the World's Woman's Medical College, practicing at 1698 Broad street, office hours 9 A. M. to 4 P. M., fee five dollars a visit, participated in the demonstration. She permits, condescendingly, her picture to grace this important news item.

Hospitals, lunacy trials, the army and navy, in truth every agent of publicity is hounded by the M.D. for glorious advertising.

For all this polite parading for popularity we do not reprove them. Because their

anxious appetites incite them to forage in dental pastures, we do condemn them.

Since the M.D. holds neither privilege nor prerogative to transgress dental domains he should not dabble in dental affairs.

Upon no one class has society placed all the human burdens. To no one set is given all the joys. Each calling today bears those social responsibilities peculiar to itself. Every vocation enjoys certain circumscribed privileges. Just as long as each flock grazes contentedly upon its own pastures, peace and harmony will reign supreme. But when a covetous rover jumps the fence of conventionalities and tramples down and chews my clover, war is imminent.

The M.D. degree is restricted. Well defined social laws hold it in bounds. M.D. "ueber alles" fails to rhyme with common sense. Like a popular American pastime, the M.D. game is played safest "with a limit."

Unquestionably the M.D. has no more right to sermonize upon the salvation of the teeth than he has to enter a pulpit and preach about the saving of souls. The M.D. has no more right to perform dental operations or to advise a patient concerning their dental needs than he has to perform the sacred duties of the priest. How far would the clergy permit the M.D. to transgress their sacred domains? Why should dentistry be less wary?

The acceptance of an article by an editor does not render the publishing of it an equitable act. Fortunately for the human family, the newspaper office, candid though it be, is not the final tribunal of justice.

When a carefully prepared paper, based upon years of active dental practice and study, is submitted to a journal it is invariably pink-slipped; which slip translated reads, "You are extremely foolish to believe we would publish your article." When an M.D. with a reputation contributes an article upon a subject with which he is completely unacquainted, he receives a letter of congratulation with a check enclosed, and a peck of free advertising. For all this we greatly admire (?) the editor. Might, however, does not make right.

Because the M.D. is unacquainted with the dental organs and their habits, he is incompetent to discuss intelligently such vital questions.

You may know the Hon. Theodore Roosevelt by his writings or speeches, and by sight, but cannot claim acquaintance unless he personally knows you. The M.D. knows the dental organs by sight and by reading about them, but lacks the personal point of contact which produces acquaintance.

A brief consideration of article, "Good Teeth Mean Long Life," will support the above statement. It may also convict Woods Hutchinson,

M.D., of skating on thin ice.

Acquaintance produces clearness of conception. The author in discussing "Good Teeth Mean Long Life," presented a vague, probably as a matter of fact argument to prove that prehistoric man had nothing *dentally* on the present day home *factus ad unguems*; that \$7.50 set of false teeth would have been as popular for chewing gum in the wilderness as they are today for munching the rag. Such facts true as they may be, never prove that strong molars signify hoary age. The title of the article and the subject matters are like Patty's mongrel pups—"distantly related."

If Woods Hutchinson, M.D., has acquainted himself but briefly with his subject he would have discovered it to be a fallacy. Good teeth in no way signify, denote or indicate longevity. Every dentist recognizes this truth. Many people blessed with perfect teeth win a *white* casket. Others, cursed with aching, defective teeth, attain to their allotted three-score and ten. The exact relation of the dental organs to the life force has not been ascertained. Therefore, it is impossible to prove that, "Good Teeth Mean Long Life."

If Woods Hutchinson, M.D., were acquainted with the science of dentistry, he would hesitate to discuss its complex problems. How true that some (writers) rush in where others fear to tread.

It's the old, old story of the only ones who know how to raise children are childless wives and old maids—and they are ever prepared to distribute their knowledge.

If there exists any further doubt in your mind as to the M.D. being unacquainted with the dental organs, run your medical brothers through the following dental rollers and note the outcome.

DENTAL ROLLERS.

Question 1. Why is it impossible for a baby, regardless of when it was born, to escape a troublesome summer from cutting teeth?

Question 2. In cases of pathological dentition, how should gums be lanced?

Question 3. Does decay cause toothache or toothache decay?

Question 4. When are teeth most amenable to decay?

Question 5. Which four teeth are easiest lost. Which four easiest retained?

Modern-minded medical men recognize the limitations of their calling. They live contentedly within them. They also graciously regard the dignity of all their professional brethren.

TOOTHBRUSH—FRIEND OR FOE?

ARTHUR E. PECK, M.D., D.D.S., Minneapolis, Minn.

The author comes to the defense of the toothbrush. He says, "The very idea of taking away the brush would cause many people to entirely neglect the cleansing of the teeth, even with the finger."

ORAL HYGIENE prints, in March, 1915, issue an article by Dr. Feldman, attacking the toothbrush as being unhygienic. The doctor holds—with reason—that the toothbrush falls short of perfection, but his iconoclasm offers nothing but the old method of Japan, the use of the forefinger as a substitute.

Members of the dental profession who are trying to build anew after they have discarded the old beliefs and methods, are striving to bring the brush closer to the desired perfection, which would seem to be the logical thing to do.

That the public has become

accustomed to the toothbrush is true, but even yet there are instances of the "family toothbrush," or none at all, which goes to show that there is still a field for oral hygiene. The public should be taught a way to clean their teeth, which is a little less crude than, to quote Dr. Feldman, the method of cleaning the "gutters" or "cobble stones." They must be taught what kind of brush to use and how to use it.

The suggestion of using the forefinger to clean the teeth and gums is surely taking more than one step backward, and should never be

considered any more than many other suggestions given us by the Yellow Race, many of whom do not recognize even the first principles of mouth hygiene. In Dr. Feldman's amazing suggestion that the discredited brush be supplanted by the use of a "clean forefinger" it would seem that he is "hoist with his own petard." The clean finger is a paradox. There ain't no such animal. Even the laity are fairly familiar with the fact that after thoroughly cleansing the hands a culture can be obtained from a sterile piece of cotton if the fingers are used to wrap it about a toothpick. This proves that there are a sufficient number of germs, often of a virulent nature, clinging to the hands to develop all sorts of diseased conditions in the mouth, which might eventually be taken into the system.

By the use of the finger, particles of food clinging to the teeth and gums would become packed in every little crevice and under the edges of the gums. To be sure the silk floss or strips would alleviate much of the trouble between the teeth—but what of the gums? There is very small percentage even of the dentists who use the silk ligatures every day to clean the teeth. Again—the very idea of taking away the brush would cause many people to entirely neglect the cleaning of the teeth, even with the finger.

The medical profession recognizes the direct relation of mouth health to general health. They realize that a system that is below normal through sickness may easily be plunged into a very dangerous condition by the addition of a small amount of toxine or poisons which can easily come from an unhealthy mouth. Some of the best authorities have traced the cause of many cases of rheumatism, abscess of the liver, neuritis, ulcer and cancer of the stomach, tonsilitis, diphtheria, and other serious diseases to some point of infection in the teeth and mouth. Therefore the public should be enlightened as to the vital importance of "mouth hygiene" and to discard the brush would produce quite the opposite effect.

Statisticians claim that 70% of the people have pyorrhea, which eventually causes inflamed gums and loosening of the teeth. In many cases it develops into the stage where pus is present. The poisons from this unhealthy matter may enter the system slowly through absorption or they may be taken in quickly by direct inoculation. The latter happens when a toothbrush covered with dangerous germs is improperly used so as to cause the gums to bleed. With proper instructions abrasions can be avoided.

There is a brush on the market that is made to fit the *inside* as well as the *outside* of the teeth, that has an aluminum protector with a

brush-cleaning device attached to it with air spaces so the brush can dry properly. This cover protects the bristles, when not in use, from dust and other outside influences to which most brushes are subjected.

The public should also be taught by the dental profession to use the right kind of tooth paste. They should select one that dissolves the fats which form a thin layer over the teeth and in which is held the small particles of food, instead of obliging one to scrub it off. They should then carefully follow the instructions for using the brush.

Many of the alarming troubles caused from mouth infection may be avoided by making the following "a habit." In cleaning the mouth always start with the back teeth. Force the brush down between the gums and cheek—the back of the brush resting on the edge of the gums. The brush should then be rotated (about one-eighth turn) with the *sides* of the bristles pressed firmly against the gums—raising the brush to the chewing surface of the teeth, and keeping the brush at the one-eighth angle. For the front teeth start the brush in the back part of the mouth and draw it forward to the teeth to be cleaned—again raising the brush to the chewing surface and always retaining the one-eighth angle. The inside

surface of the lower teeth should be cleaned by starting with the ends of the bristles pressed against the tongue, drawing the brush up at the one-eighth angle, and for the upper side, starting at the roof and drawing down. Never rotate the brush so that the ends of the bristles pierce the gums, thereby causing the troubles most people have with brushes. Never let a part of the bristles come over the ends of the front teeth. Use a short brush with the bristles set wide apart to permit of thorough cleaning. All brushes will stand for a few moments the force of hot water from the faucet, which will remove the infectious materials. There are appliances to remove any other particles still clinging to the brush, which should then be put in its cover.

No one should buy a brush that is not sealed. Brushes that may be removed from cartons or are lying about have most probably been handled by shoppers whose thumbs are rubbed over the bristles to test the stiffness. The imagination of the reader may supply the rest!

This technique for using the brush in cleaning the oral cavity is but a part of all that may be done to complete a "real oral hygiene," but it will do much towards keeping that hygienic condition if strictly followed.

A FEW SUGGESTIONS AND SOME CORRECTIONS

S. P. RATNER, D.D.S., New York City

Our conception of a live dental journal is all matter appearing shall be tabloid, so far as possible, and the back cover making faces at the front one (our apologies to the lady); and those between likewise. So long as a man is honest in his views, we invite differences of opinion. The truth lies somewhere between. The editorial part of the magazine is the only portion all our own, and for which we are responsible.

I N the June issue of *Oral Hygiene* there appears an article entitled, "A Suggestion," by Dr. H. E. Tompkins, New York City. From the article we gather that the purpose of the writer was to show certain faults in the law governing the practice of dentistry within the state of New York, and having accomplished that to try and suggest a remedy for the removal of the evils complained of. Has he accomplished the task? It is the purpose of this article to elucidate on points Dr. Tompkins speaks of and allow the reader to pass judgment.

In view of the fact that *Oral Hygiene* is read by English speaking dentists throughout the world we feel it incumbent upon us to explain conditions more fully and place them in the proper light. We will reply seriatim. Dr. Tompkins says: "God only knows how many professional men there are who for the sake of a dollar will give anyone a prescription on demand." He speaks of the hardship of obtaining "dope" due to the stringency of the Harrison law and allows the

inference to be drawn that professional men prescribe "dope" for the sake of a dollar. That, to say the least, is a serious reflection upon the integrity, honesty and professional standing of one's fellow practitioners. "God only knows." Dr. Tompkins surely is not in the secrets of God and we take it for granted that he does not know whereof he speaks. We, on behalf of the dental profession of New York, merely state that such conditions do not exist.

"A dentist has as much trouble getting the stuff (cocaine) as an honest man. I know of dozens of dentists whose prescriptions are not honored by druggists and who are almost unable to get cocaine for their work." The truth of the matter is that the New York law regulating the sale of cocaine does not permit the druggist to honor a dentist's prescription containing cocaine. The dentist may obtain cocaine from the wholesale druggist only in original packages in quantities up to one ounce at any one purchase. Realizing the injustice of the situation, namely, that we may obtain a

whole ounce from the wholesaler and that the retail druggist is not permitted to mix it for us even in as small quantity as five grains, the Allied Dental Council has introduced a bill in the New York Assembly in 1913-14 legislature to remove this defect. Unfortunately the wave for restrictions of the sale was so strong that this bill did not pass. But the truth is, dentists in New York are allowed to obtain and use as much cocaine as they need for legitimate use.

Dr. Tompkins expresses a doubt whether novocaine is as virtuous and harmless as a new born babe. Well, nobody made any such claim for novocaine.

We may not be pro-German, but on this point we have to accept the opinions of Drs. G. Fisher, Braun, Riethmuller and others. According "to their opinion" novocaine is not a habit-forming drug. This is of vital importance when we remember that many an unfortunate victim of the cocaine habit has been started in his fatal practice by the application of cocaine by well meaning dentists or rhinologists. Since the legislature of several states of the Union have placed the ban upon the sale of cocaine except upon a physician's prescription, the exemption of novocaine from such laws is a matter of momentous interest to the dentist." (Fisher's Local Anaesthesia, Page 46). Whether Herman Metz is or was president of that company matters

not. It is the opinion of our scientists that counts. So far their opinions hold.

The main suggestion of Dr. Tompkins, however, is a good one. The examination, licensing and registration of all physicians, dentists and all other professions shall be placed in the hands of the Federal government. This would be highly desirable. But at present it is impossible. Each state has laws to fit its own peculiar conditions. Concentration of power in the hands of the Federal government is subversive to the American ideal of home rule. Perhaps this sentiment is foolish, but it is strong, nevertheless. Federal control and regulation of the professions is a matter of the future. For the present state laws have to be looked to for the purpose of ameliorating conditions.

Dr. Tompkins goes on to show that the dental law in New York state is inadequate and attributes all the troubles to the law.

He asks four questions:

1. What is more shameful than to read in our daily papers that there are two thousand illegal practitioners of dentistry in New York City?

2. Why does such a condition obtain?

3. Why should it be permitted to continue?

4. Can it be controlled?

He does not seriously attempt to answer any of these questions, but finds fault with the provisions of the law. He

purports to quote the law and instead of that misquotes it. He says: "First, it does not say just what shall constitute the practice of dentistry and second and greatest, it says the state society may hunt up violations at its own expense and when the case against the culprit is complete, the district attorney may be called upon to prosecute. If conviction is obtained, the society may collect fifty per cent. with which to defray its expense of detection and conviction."

This is absolutely untrue. The law says nothing of the kind. What it does say is as follows: "All fines, penalties and forfeitures of bail imposed or collected on account of violations of the law regulating the practice of dentistry must be paid to the state dental society. Said society may prefer complaints for violations of the dental law before any court having jurisdiction thereof and may by its officers, counsel and agents aid in presenting the law and the facts before such court." (Public Health Law, article 203, paragraph 7e). Where Dr. Tompkins got the idea of fifty-fifty and district attorney we fail to see.

It seems to us that the intentions of the law are very plain. The enforcement of the dental law is handed over by the people of the state to the state dental society. The society then assumes the responsibility for its enforcement. In order to enable the society to do the work properly, the law provides that all

penalties be paid to the society. Furthermore it also provides that any surplus resulting from the licensing of candidates to practice dentistry (\$25) by the regents shall be paid to the society at the end of the academic year. So that Dr. Tompkins' plea of lack of funds is based on statements that are far from being truthful. Enforce the law and funds will be a plenty. However the "powers that be" seem to act otherwise. They allow illegal practice to flourish and plead in self-defense that lack of money does not permit them to go on.

Phenomenal results indeed: About twenty cases per year, whereas the number of illegal practitioners is running into the thousands:

Now we will answer Dr. Tompkins' questions.

1. "What is more shameful than to read in our daily papers that there are two thousand illegal practitioners of dentistry in New York." Nothing is more shameful, it is disgraceful.

2. "Why does such a condition obtain?" Surely, not through any fault of the law. In our experience, we find no difficulties in enforcing the law. Dr. Tompkins complains that the law does not define what constitutes the practice of dentistry. The courts seem to have a fairly definite idea as to what constitutes practice. They well know that the extraction of a tooth, cleaning out a cavity by engine or otherwise, that even the examination of the mouth by a mir-

ror constitutes practice of dentistry. So what is the sense of writing it in the law? The answer, then, to this question is that such conditions obtain because the law is not enforced properly.

3. "Why should it be permitted to continue?" Really, why, it is up to the state society to answer.

4. "Can it be controlled?" Yes, absolutely yes. By electing an efficient law committee.

We further quote Dr. Tompkins: "There are two factions warring upon illegal practice and each other" and again "The second reason for the illegal practice of dentistry then, is the dissension among the societies who fight each other and gain little." This is something new to us. The Allied Dental Council has never waged war against the state dental society. What we did was to express our lack of confidence in the law committee of the state society and their agents. This statement we based on facts substantiated. Without any authority, without any funds, without means of recovering our expenses, we dug down into our pockets and forged ahead with the results that within a few months, we have sent away two illegal practitioners to jail, seven others were fined to the amount of \$850. (According to law this money goes to the State Society and not to the Allied Dental Council.) Twenty-seven indictments were found against persons who have *fraudulently registered as dentists with-*

in one county only. And what was more important, we have called the attention of the public to the existence of illegal charlatans through the daily press. So, who is warring upon illegal practice?

One other point and we will close. "Suppose you know or hear that a man in your locality is not legally qualified to practice. You report this fact to the committee. Word comes back, secure good legal evidence against this chap and we will prosecute him. Will you go out and dig up evidence against this or any other man? I doubt it. You will let him go along in his own way. A third reason, then, for the existence of illegal practice is the complacency of the members of the profession." Evidently Dr. Tompkins means well. But, is this the ordinary method of apprehending criminals, that the complainant shall be the investigator? Suppose you notify the police that a certain person is conducting a gambling house, a house of ill fame; are you to obtain good, legal evidence against that person before he will be apprehended and dealt with? No! Well, then, why should the dentist be required to obtain good, legal evidence against the illegal practitioners before the law committee will condescend to prosecute? Obviously that attitude is wrong and yet it is the one the committee has followed for many, many years.

The complacency of the members of the profession is

one of the reasons for the existence of illegal practice. Unfortunately this is true. We still maintain an attitude, "I am not my brother's keeper." Although thousands of years have passed since that statement was made, we still cling to it, but we use a more modern expression: "Let the devil take the hindmost!" However, are we not our brothers' keepers? Are we not entrusted with the health of the public in so far as the human mouth is concerned? Is it not our duty to maintain that trust? Illegal practice is found to be an evil, then wipe it out by all means. At present the illegal practitioner sets the standard of dentistry to the public in so far as remuneration for services rendered

is concerned, in so far as hours of labor, general professional standing etc., etc., are concerned.

Gentlemen of the profession, why not reverse matters? Why not try and elevate the standard of the profession, one of the means being the wiping out of illegal quacks and charlatans?

We reiterate, Federal control of the professions is desirable and is bound to come in a more stringent form, perhaps than Dr. Tompkins desires. It will come when there will be a change in our social, economic and political life.

For the present, adequate state laws and *proper enforcement of same by responsible bodies* is all that is necessary.

A LETTER FROM MR. THOMAS A. FORSYTH

The Editor is in receipt of the following from Mr. Forsyth, which is self-explanatory.

YOUR welcome little letter of the 24th just sent me from the Infirmary and I wish to acknowledge these with my genuine thanks of gratitude for your words of praise as well as wishes. Naturally, it gives me no small pleasure to have men of the profession as well as the laymen recognize our efforts at the Forsyth Dental Infirmary, and speak commendably of them. There the work goes along splendidly and we care for more than 350 little ones daily. I know, as firm and

close a friend as you are of the Forsyth, that this report will be most delightful to you.

Also it pleases me that we of the Forsyth have been able, through our own efforts to date, as well as the plans we have made for the future, to have interested gentlemen of the calibre of Mr. George Eastman, of Rochester, N. Y., and his associates, and that they contemplate erecting a similar institution in your own city very soon.

A committee comprising Dr. G. G. Burns, Mr. Gor-

don, their architect, visited Boston last week. At the infirmary we gave them every moment possible and showed them every consideration and courtesy within our power. Unfortunately their Mr. Bausch, owing to illness, was unable to make the visit this time, but hopes soon to come to the Forsyth Infirmary for his own personal inspection of the building and its working.

Mr. Gordon, the architect, spoke in highest praise as to the structure itself, remarked that it was foremost among the buildings he had viewed erected for such work as ours, and, as he put it, "The children came to the institution much as they would ordinarily to an outing or little party, and left with the same pleasant words and smile as when they entered the doors." This, doctor, you know was our intention from the moment the first plans were drawn up for the infirmary.

While at the infirmary a few days ago I observed some dozen young operators dressed in robes of purple. I inquired and found that they were half-day men, that is, offered their services gratis each day for four or five hours merely for the experience and knowledge that the work would give them. Some were from Harvard, some Tufts, Philadelphia, Michigan, and one from Indiana. The latter curiously enough, a full-blooded Indian, and the manner of his work at the

Forsyth showed full well his aim to gather every particle of knowledge while with us that it was possible. Yes, everything, my friend, points to the greatest degree of success for our efforts in that building "dedicated to the children," and should this not be so?

That others have interested themselves in such a work, for the cause of humanity, is, of course, a source of not a little gratification and pleasure to those connected with the Forsyth, and we, in turn, have left a strong impression, I know, upon the visitors, of our willingness and readiness to do everything within our power to make their own task a bit lighter and less cumbersome than was ours. Dr. Burns and Mr. Gordon returned to Rochester with our statement of willingness to aid and coöperate "to the very limit" as I myself put it. Nothing more could we offer.

And that finally they of Rochester, N. Y., have decided to erect a dental infirmary for the needs of your city must be an excellent bit of "good news" for yourself. Congratulations and assurances of my well wishes in the extreme.

Trusting that your health is of the best, and with kind personal regards, believe me, to remain,

Yours truly,

THOMAS A. FORSYTH.

Boston, Mass.,

July 27th, 1915.

GREAT SCOTT! ANOTHER PAPER ON "THE INFLUENCE OF MOUTH CONDITIONS ON GENERAL HEALTH"

AN UNSCIENTIFIC SUMMARY

HOWARD F. RAPER, D.D.S., Indianapolis, Ind.

I DARE anybody to find anything original in this paper. It is simply a summary, the sort of homely, "vest pocket," impressionistic summary a tired man writes in the summer-time, a sort of a review of the subject before we start to work again.

The history of the development of our knowledge of the influence of mouth conditions on general health may be divided into three stages: First the mechanical stage, second the bacterial stage, and third the metastatic infection stage.

THE MECHANICAL STAGE

"Without good teeth you cannot have good mastication. Without good mastication you cannot have good digestion. Without good digestion, you cannot have good assimilation and nutrition. And without good assimilation and nutrition, you cannot have good health."

The foregoing epitomizes what was for many years the only known influence of the mouth on health, and it is today the only universal knowledge of the matter. It involves simply a consideration of the importance of the me-

chanical function of chewing food.

THE BACTERIAL STAGE

The study of bacteriology finally taught us to cease to look upon the mouth merely as a mechanical apparatus with a mechanical function to perform, and to consider it a bacterial incubator, a source of possible infection.

Cease to consider only its mechanical function, and consider the mouth as a possible source of infection, and the importance of the influence of mouth conditions on health leaps from comparative insignificance into astonishing prominence. A mouth full of decaying teeth, then, is not only a broken masticating machine, it is something worse; it is a predisposing cause to practically all infectious diseases, including pneumonia, diphtheria, tuberculosis, influenza, tonsilitis, measles, mumps, whooping cough and many other bacterial diseases the causative bacteria of which may live in the mouth.

And now let us see where we stand: Considered as a chewing machine and as a bacterial incubator, we find a possible source of responsi-

bility in nutritional and bacterial diseases. And lo, come to think of it, most diseases have either a nutritional or bacterial etiology.

Where is this consideration of mouth influence on health leading us? For we are not through yet, in fact the most important influence of mouth conditions on health has not been considered at all.

METASTATIC INFECTION STAGE

The metastatic infection theory—just what does it mean? What is it? It is what will probably prove to be the most important contribution to medical thought since the promulgation of the theory that bacteria cause disease. It is simple and easily understood as all big ideas are simple and easy to understand. Pus in a tonsil, at the apex of a tooth, in the auxiliary nasal sinuses, or the fallopian tube means always, of course, pyogenic bacterial invasion of the part. Could some of the bacteria living in the pus in one of these parts enter the blood stream, travel to a joint and there produce arthritis, or to the heart and there grow on the heart valve, or to the stomach and there produce gastric ulcer? I see no reason why they could not, and reliable research workers tell me they do. The research workers tell me they have proved it, and they are on the way perhaps which will lead to the proof that anemia, cholecystitis, nephritis, neurasthenia, thyroidism and other diseases are also manifesta-

tions of some local focus of infection.

Since the use of X-rays to make examinations of the teeth and contiguous parts has become popular, the search for a local focus of infection has led to its location in the jaws, oftener than any other part of the body, with possible exception of the tonsils.

Whee-u! (And all the other sounds to denote astonishment). Is it possible that the condition of the teeth may cause a heart lesion—why that may mean death—or arthritis, which may be worse than death? It seems quite possible. In the light of our present knowledge, it seems to be a fact.

And now again let us check over the ground we have covered; considered as a chewing machine, we find that the condition of the mouth may cause nutritional disease. Considered as a bacteria-raising machine we find the condition of the mouth may sometimes be held responsible for diseases produced by specific bacteria. Considered finally not as any sort of a machine, but as part of a living organism which cannot be diseased without perhaps disseminating disease to other parts of the same organism, we find mouth conditions responsible for the development of cardiac lesions and gastric ulcer, and probably responsible for many other diseases the etiology of which is still well draped in ignorance.

Nor have I finished yet. Mouth conditions have other

systemic effects which do not fall logically into the foregoing summary. A deformed mouth may preclude the possibility of correct nasal breathing and it would therefore be the initial cause of the well known symptoms of malnutrition due to the interference with respiration. Prominent alienists unhesitatingly tell us irritation to the fifth nerve may cause nerve disorders, from insomnia to insanity. Dr. Bloodgood, one of the most eminent authorities on cancer, tells us a constant slight irritation in the mouth may cause cancer and so finally death. And last—(Dare I mention it; no one else does anymore. I will simply ask the question.) Does disturbed dentition in childhood produce any systemic disturbance? It was once thought that teething had a profound effect on the health of children. Then the idea that "the only result of teething is teeth," replaced former views. Since when the subject has received practically no consideration at all. Ask someone who has recently cut a third molar if he thinks it at all possible that teething may have some effect on a child's health or disposition.

And so I come to the end of my unscientific consideration of the "Influence of Mouth Conditions on General Health," having intimated that almost our entire inheritance from Eve comes through the mouth.

Because I am a dentist, am I like all specialists are said

to be, inclined to trace all diseases to the part of the anatomy I treat, in order that having them cornered there, I may treat them and be paid therefore in gold and glory? I think not. However, I believe that there is such a thing as specialist's myopia, and so, in my view of this matter I have looked particularly to the opinions of research workers and men outside the profession of dentistry—men who are studying etiology caring not whether they are led to the oral cavity or the anus so long as they are led to the truth. If you will allow me, I will "think not" again, to the charge of being a biased judge, for as I have told you it is summer time. In the summer time a man's ambition for gold and glory may be replaced with a desire to sit under a tree. Take what I say in conclusion then as from a man who has no "ax to grind": (if I had an ax to grind I would not grind it until next winter). In the light of our present knowledge and believing that retraction along some lines is inevitable, it seems nevertheless this must be true: The condition of the mouth has a more extensive and profound influence on health and is more intimately related to more different diseases than any other part of the body.

This being the case, it is not improbable that the layman will some day choose in his dentist a man to protect his health, instead of a man to decorate him.

SUMMARY OF SPECIAL INQUIRY; MEDICAL INSPECTION IN ELEMENTARY SCHOOLS

MR. JERMAIN JONES, Washington, D. C.,

Director-General of the National Mouth Hygiene Association
and Special Collaborator in the Division of Hygiene and Sanitation

Based on reports dated October to December, 1914, sent to the Commissioner of Education, Department of the Interior, U. S. A., for the Division of Hygiene and Sanitation, and made by the Superintendent of Schools largely. This summary covers only answers to questions 1 to 6 inclusive, and 12.

Total cities and towns (4,000 and over) canvassed.....	1,533
Total cities and towns (4,000 and over) reporting.....	1,063

1—MEDICAL INSPECTION.

Do you have medical inspection in your schools.....yes	704
(a) Was it instituted mainly for the detection and removal of diseases contagion in pupils.....yes	280
(b) Or does it include careful examination of	
EYESIGHT of all pupils.....yes	582
HEARING	501
TEETH	564

2—SCHOOL NURSES.

Have you school nurses? different cities report.....yes	402
Total number nurses reported.....	911
Furnished by Board of Education.....	140
Board of Health.....	50
Other agencies (volunteer).....	212

3—DENTAL CLINICS.

Do you have a special dental clinic?.....yes	109
Number of different special clinics.....	141
Are teeth of pupils treated?.....yes	154
If so, who pays for the work? Parents, city charity, college clinic or private or co-operative dentists.	
Special clinics maintained and supervised by	
Board of Education.....	30
Board of Health.....	38
Philanthropy	8
Civic, women's or dental groups.....	33

4—CARD RECORDS.

Do you keep card records of all examinations and treatment of each pupil?	529
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5—PSYCHOLOGICAL CLINIC.

Do you have a psychological clinic?.....yes	64
What officer has charge of it? A few special clinicians, but mostly principals or superintendents.	

6—GENERAL CLINICS.

Do you have a central or general clinic for the medical examiner?.....yes	67
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12—PHYSICAL EXAMINATION OF TEACHERS.

Are all teachers examined as to health before entering your school?.....yes	245
regularly after entering?.....yes	97
What do you do with teachers developing tuberculosis after entering your schools?.....dismiss them	247
Other answers: No precedent.....do n't know	
Very few grant leave of absence, with or without pay, for five or six months of treatment.	

Questions not covered in this summary relate to open-air schools, school lunches, health examination for janitors, school baths, etc.

OVERLOOKING FUNDAMENTALS

BERNARD FELDMAN, D.D.S., Perth Amboy, N. J.

Socialism, extension for prevention, mouth hygiene and the need of publicity in the daily press are a few of the thoughts presented for your consideration in this paper

"It isn't a bad practice," says Carleton, author of "My Son," "to stop every now and then and strip things to their naked selves. I often wonder what a half-way decent inhabitant of another planet might report back to his fellows after a visit here. Suppose he was what we call a savage, and suppose he was so simple-minded that he could not appreciate our civilization and reported things literally. "They kill animals down there," he would say, "and eat their flesh, even their livers and stomachs. They drink poisons because of the fun they get out of it while it is killing them. It is sold in stores like groceries. They swallow deadly drugs that drive them mad, because of the brief enjoyment they get before they go mad. Drugs are sold in stores, too. They have laws that make it illegal for individuals to kill each other, but when groups of individuals disagree, they think the only way they can settle the dispute with honor is to kill each other by thousands. The nation that kills the most is then declared to have been right and this is thought to be a very brave and pretty affair. The slayers are dressed in bright uniforms and have bands to play

music and are highly honored. They can't decide on God down there, and hate each other for loving him in different ways. They don't think much of children; the wealthy call them nuisances, and the poor call them burdens. When a man does wrong they don't try to make him better, but shut him up and make him worse.

"I've often stripped things to the raw that way, just for the good of my point of view. It's amazing how many bitter truths like those, we have clothed with excuses until we don't see the facts any more"

It would be interesting to strip things to the raw in dentistry, with the purpose of unfolding "bitter truths that may have been clothed with so many excuses that we haven't seen the facts any more." If this visitor from another planet would report back regarding the dental conditions which are now existing, he would receive a shock that would make him sit up and take notice. He would find that the government protects the hogs and cattle from disease, yet is indifferent to the health problems of its human citizens. He would find professional men and women, professional healers of the sick, must eke

out their livings from the sufferings and misery of their fellow beings instead of being made teachers by the government to expound the art of healthful living in order to prevent disease. Corrupt institutions are financed by legislatures to fatten the pockets of the ring-leaders; yet hospitals and dispensaries must beg for the necessary funds to relieve the sick people of the community. He would find people crowding the offices of manicurists and beauty doctors, yet the majority of these same people are indifferent to beautify what is of vaster importance to their health—the mouth. He would say the government controls and maintains several worthy institutions which add to the comfort and welfare of the nation. These institutions, such as postoffices, etc., are housed in splendid edifices. How simple it would be to add similar institutions to take care of the sick. The government has an efficient army and navy dental corps; could not this service be extended in similar edifices, supported by the public for the public? He would find that the manufacturers advertise their products so prominently to the dental profession, that the sale of its products assumes tremendous proportions; yet there is no commission appointed to pass upon the merit of this or that "cure" until the poor suffering public has been experimented upon sufficiently to either prove its work or its

worthlessness. The public is thus taught that "Quigley's or Fadams's Chewing Gum is Good for the Teeth and Digestion." Children are taught in schools the principles of general hygiene; yet few the great value of mouth hygiene. This subject is being added gradually to the curriculum of study; one clever teacher has set a good example in giving a passing mark in physiology to every pupil that presents to her a signed statement from the dentist that the teeth were placed in good condition by him. He would find that dentists are divided over many questions of importance—that every one suggests a different way of cleaning the mouth and teeth; yet there has been no commission appointed to investigate this important subject; in order that the public be taught only one way of cleaning the oral cavity, and that an efficient way.

If this visitor were a dentist and had to report back to his dental societies, he could say that the dental and medical practitioners are carrying on a great campaign for mouth cleanliness; yet there are many whose mouths are veritable cesspools of infection. The dentists boast of great dexterity and cleverness; yet the teeth which they entomb with glittering gold crowns fail to fit the gums properly and thus invite infection. These gold tombstones very often carry artificial teeth, called bridgework, which cannot be cleaned and

fail to give the wearer proper pronunciation and mastication and often the cause of serious systemic disturbances. He would conclude that in the eager desire to keep up with the great advances taking place, the men were inclined to overlook the fundamentals.

There were only five matters of fundamental importance which will be mentioned; lack of space prohibits further mention of several others of equal importance. Firstly dentists are no different from the general ordinary human, in being very indifferent to certain important duties. Prof. Osler has wisely said that indifference is the greatest curse of humanity; and it is apparent that this spirit of indifference must be supplemented by a spirit of enthusiasm, before the dental profession can effectively shoulder its great responsibility of preventing disease by cleaning the mouth, and maintaining it in a healthy and normal condition. Our men, it has been said, are inclined to see no further than the cavity of the tooth they are filling or restoring to usefulness; their viewpoint should be broadened to not only see the connection that exists between the filling restoration to that one tooth, but also the connection which one tooth may have to its neighbor, and those which oppose it, to the entire mouth, and to the general system. This viewpoint should be even broader, and include the relation which

general systemic conditions can bear to the teeth, and vice versa. One could even go a step further than combining forces with our medical confreres, *i. e.*, it could include everybody who, in any way, assists in the maintenance of the good health of the community. For instance the architect adds his share to the good health of the inmates of the house in planning, by providing sufficient ventilation; the plumber can spoil the careful labor of the doctor by faulty service; the veterinarian does his share in taking care of the public by maintaining the good health of the animals which supply us with food and milk; the grocer by the selling of pure food stuffs, etc. One link is as strong as the other; let all of us combine our efforts; in union there is strength. This does not mean the dentist should become indifferent to the importance of his calling; on the contrary he should be made to realize that his service is the greatest, that he holds in his hands a most potent weapon to prevent disease for future humanity. But let us not forget that others can.

The second fundamental principle generally overlooked by the dentist is the care of his own health. Too many men take chances on this most valuable asset, and regret it when too late. Why work and slave, day in and day out year after year, at an unhealthy calling, when one must become an invalid for

the reward of too close application, too busy a practice resulting in too little attention being paid to the human machine? Nature outdid herself in contriving the wonderful mechanism, the human being, but it is simply a machine, whose parts will wear out only too soon, if they are not fed properly or oiled occasionally. An exacting, painstaking and nerve-racking routine is gone through daily by the conscientious dentist. He works in confined quarters, assuming a bending position for many long hours, under conditions which will eventually wear out the strongest constitution. An automobile will not run smoothly if loaded with too much gasoline; neither will the human machine run smoothly if improperly nourished. Everyone has some friend who was stricken in the prime of life; in thinking of this, let him at least profit by his friend's sad fate and avoid a similar one, by observing health-producing habits.

Another simple matter not given its due share of importance is what constitutes the proper cleaning of the teeth by the dentist and the public. At a recent clinic it amused the writer to observe one clinician expound his views to the dentists surrounding him, that the toothbrush should be used vigorously upon the gums and teeth; at another chair the clinician advocated that the bristles should positively not

touch the gums, as such brushing was decidedly injurious and standing nearby was the writer with even more radical views.

Upon the dentist's part, the cleaning of teeth is a much neglected and abused art, yet it is the most important fundamental principle of dentistry. Too many hold the narrow view that just surrounds the teeth, but does not include the wonderful opportunities offered the dentist to be the greatest healer of humanity. The mouth is an index of constitutional perfection. As the greatest harboring ground of bacteria, the mouth becomes the battleground in the greatest war of mankind—the war against disease. A war that has carried away more victims than all the others combined. The dentist holds the trump card; he can wield a most effective weapon to crush his foe by living up to his responsibility as the medical specialist of the oral cavity.

The scaling of teeth with steel instruments has its dangers as the slightest slip may cut a gash into the gum tissue which may prove harmful; enough care and dexterity cannot be given to this simple fundamental operation. An authority has told the writer that in his opinion there are few dentists who are cleaning teeth properly. This session should also include definite instruction to the patient, given in a way that a person who is not accustomed to think along den-

tal lines, can grasp the subject intelligently. Spraying the mouth using enough pressure to thoroughly cleanse the interproximal space, is exceedingly valuable. All abnormal conditions in the mouth should be remedied. All useless teeth and roots extracted, and artificial substitutes supplied that will permit of sanitation, efficient mastication and proper enunciation. All cavities present should be carefully filled, extending the margins to areas of habitual cleanliness. The interproximal spaces must be kept free from any overhanging filling material. In posterior restorations of the occlusal surfaces, the marginal ridge should be emphasized in order to prevent the food from packing into the interproximal spaces, and creating "meat holes." Dr. R. Ottolengui summed it up when he preferred the word "restoration" to the word "filling"; as did Dr. Hinman when he said that he preferred the expression "extension from immunity" to the expression "extension for prevention." Crowns should so fit the gum tissues that no subsequent irritation should result from ill-fitting bands, along the lines suggested by Dr. Karl Knoche, Dr. Hinman and Mr. Weinstein. It is true that these are fundamentals; but can anyone deny their importance?

The last two fundamentals generally overlooked, deal with the value of research work and the advisability of

a publicity bureau under the auspices of national societies. These subjects can only be discussed briefly. They are sufficiently important, however, to have a separate article written upon each topic to present them in a fairly effective manner. No one can deny that the fundamental principle of all scientific bodies is their research department. The medical profession has put the issue squarely up to the now-recognized sister profession, dentistry, to solve certain matters that pertain to the mouth. The European war will have a decided effect on throwing added responsibility upon the dental profession of the United States, inasmuch as the renowned European scientists will be kept busy for the next century in aiding their own countries. The work accomplished by the Research Commission of the N. D. A. has already done much; research workers are the torch-bearers of civilization, and dentistry needs more to throw light upon dark places. Educational propaganda is a great means of spreading the gospel of oral cleanliness. That it is unethical to disseminate dental truths through the medium of the press should be done away with. It is more unethical to keep the public waiting any longer. Surely if any ex-president of the American Medical Association can be at the head of a publicity bureau of a Chicago newspaper, and other radical

men conducting "How to Keep Well" column in other newspapers, the dental profession can follow along similar lines without any qualms of violating the ethical code. The fundamental idea is to educate the masses as to the value of good dental service and mouth hygiene. Why should the supplying of this knowledge be considered a breach of the ethical code if undertaken systematically by a national publicity bureau of the National Mouth Hygiene Association? The following is an extract from a personal letter to Dr. W. G. Ebersole, of the National Mouth Hygiene Association:

"If you will pardon me for suggesting a plan, I would advise you by all means to consider this matter of a wider publicity campaign for mouth hygiene under the auspices of your association. This step is only an advance which would have, of necessity, presented itself sooner or later. One of the four great public institutions for the propagating of mouth hy-

giene, as I can infer from your articles which I have read in the current dental magazines, is the public press. To my mind this is an even greater medium of education than all the other three combined, and it is the simplest of the four problems that could be solved. I advise you that the Board of Governors undertake this work, selecting your chairman for this board. This committee would receive manuscripts from dentists, physicians, teachers, etc., from all parts of the country on the topic of mouth hygiene. This board is to act as censorship board, and the 'copy' would have to meet with their approval before it could be published. There are several newspaper syndicates, to whom such material would be gladly welcome, and who might even pay well for it. By dealing with these your bureau would be relieved of the tremendous amount of correspondence that would otherwise be necessary."

PRIZE ESSAY CONTEST.

The names of the successful contestants have not been announced by the committee. It is expected, however, the November issue will contain the prize winning essays.

"THE CARE OF THE TEETH"

GUY BOKER, Oxford, N. C.

The author is a boy of fourteen, a pupil of the Stem High School, Oxford, N. C. A dentist in private practice, donated a medal for the best essay on "The Care of the Teeth," and this was awarded the prize.

TWO sets of teeth are developed in the human mouth, the first called the deciduous, or temporary, the second set is known as the permanent. The temporary set, twenty in number, consist of two centrals and two lateral incisors, two canines or eye teeth, and four molars or double teeth, in each jaw. There is no absolute rule for the time or order of their appearance. Six year molars do not belong to the temporary set but as they make their appearance between the fifth and sixth year are generally supposed to belong to the first set and are frequently allowed to decay beyond remedy before the mistake is discovered. The temporary teeth are smaller than the permanent, and are less firm and solid, when therefore, decay commences in the former, it proceeds more rapidly than in the latter, and for this reason the temporary need more care than the permanent teeth.

It is a common error that because they are temporary they do not require attention, or if any cavity is felt about them, it is that they be not suffered to remain too long in the mouth, for fear that they may interfere with the eruption of their successors. This is a great mistake, for

the regularity of the permanent teeth depends very much upon the retention of the first set until the second is ready to appear.

The exemption of children from suffering caused by decay of the teeth, and of the parent from consequent inconvenience, will also be best secured by constant attention to them from their appearance. Moreover, the general health of the child will be promoted by keeping these organs in such condition that mastication can be performed without pain, otherwise the child will soon learn to avoid that which is inconvenient or painful, and by swallowing its food without proper mastication, will entail upon itself all the evils of indigestion. In infancy the mother should make it a part of the daily care of the child to secure the habitual cleanliness of the teeth. Becoming thus accustomed to it, the child when old enough to use the brush will find it impossible to feel comfortable after a meal until the teeth have been cleansed as carefully as the face and hands. Small, soft tooth brushes and pleasant dentifrices exactly suited for the purpose, are now manufactured. These if the habit of use is early formed,

will soon become a necessity to the child's comfort, and then practice thus commenced will be almost sure to be continued through life. Under favorable conditions the teeth ought not to decay, but should simply lose their hold in the gums from absorption of their roots and drop out white and clean as when they first appeared. In those cases where, in spite of all the care that is given to them, the temporary teeth, or when the eruption of the set takes place before the roots of the temporary teeth have been absorbed, the child should be taken to an intelligent dentist, who is capable of deciding in regard to the best treatment to be adopted, but it may be safely affirmed that as a rule, unless this plan is pursued nature should be left to remedy the evil rather than that parents should undertake to decide which teeth ought to be extracted, and when premature extraction of the temporary teeth being almost sure to cause irregularities of the second set.

When decay commences the same care should be taken to prevent its extension as would be given to similar trouble in the permanent set. All cavities should be filled with some one of the preparations adapted to the purpose now in the hands of the profession.

The premature loss of the temporary teeth is the cause of much of the irregularity and consequent disfigurement of so many mouths and when

it is remembered how much is involved in their loss, not only the ability to masticate the food and to enunciate correctly, but the condition of the face through life, the importance of attention cannot fail to be appreciated. A good rule is to have a dentist examine the face and mouth, after the child is two and a half years old, at least twice a year, or oftener if necessary.

After the fifth year, parents should count their children's teeth occasionally and when more than five teeth are found on either side of either jaw, they may know the last one belongs to the second set, and if lost it will never be replaced.

The decay of the teeth is due to the development of bacilli in the human mouth producing an acid which gradually eats away, first, the enamel and then much more rapidly the dentine, exposing the pulp, which speedily becomes enflamed. Decay once started can never be stopped until it is eradicated from the dentine and the teeth are filled but if all the fissures of the enamel are filled, and the teeth kept thoroughly clean, there will be no decay. The primary purpose of our teeth is for service, to grind the food fine enough for it to be readily digested by the stomach. Decaying teeth do not permit of thorough mastication. Insufficient mastication is the open door to malnutrition and malnutrition is one of the greatest factors in all

diseases. As a result of bad teeth and unsanitary mouths the physical development of the child is seriously retarded.

Dr. Osler says: "If I were asked to say whether more physical deterioration was produced by alcohol or by defective teeth, I should unhesitatingly say, defective teeth." There are ten million school children in the United States suffering from the direct effect of decaying teeth and unsanitary mouths. It has been shown that children with decaying teeth are six months longer completing the eight common school grades, than are children with clean mouths and sound teeth. Forty percent. of the absences from school are caused by toothache. A foul mouth and decaying teeth particularly in children decidedly increase the chances of catching contagious and infectious diseases, and scarlet fever, diphtheria, measles and tuberculosis.

Cavities in teeth are known to contain the germs of these diseases, which enter the body through the respiratory tract, and it is fair to presume that these cavities would be equally efficient incubators for these and other diseases. In one school 190 children were examined, 937 cavities were found, 450 being in the permanent teeth, 50 of these children had had scarlet fever during a recent epidemic, and

238 cavities were found in their teeth.

Every time a person with a mouth full of germs talks, coughs or sneezes, they throw out poisons to harm other people. The mouth which seldom gets cleaned will usually be full of decaying teeth, with disease germs in them, will have pieces of roots in it and quantities of depositors of food around the teeth, and the gums, all of which makes more and more danger in the mouth itself besides poisoning the owner and his neighbor. In conclusion let me say that no decayed teeth should be kept in the mouth. Either they must be filled, crowned or extracted, and mouth kept in a clean, sanitary condition.

The time at which it is most necessary to cleanse the teeth is at bedtime, but the ideal way is for one to cleanse them every time they are used, but if you cannot brush the teeth after each meal, use a soft quill tooth pick or floss silk to remove bits of food from between them. To cleanse the teeth use some reliable dentrifice and do not brush the teeth straight across. The outside of the upper teeth should be brushed downward from the gums and the lower teeth upwards. Cleanse the inside of the teeth next to the tongue in the same way. The part of the teeth used for chewing the food (the grinding surface) should be brushed in all directions.

CORRESPONDENCE

Editor *Oral Hygiene*:—

What could we do with a million dollars? Why that sum is far too small. We read of what Dr. C. H. Oakman has done at Detroit, Michigan, with his twelve free dental dispensaries and of the \$30,000 a year that city needs to just pay its way for the dental care of her poorer classes, alone. We also read of the Forsyth Memorial at Boston, which cost over one million dollars, I believe. So where are we going to begin cutting down expenses? We can't build a Forsyth Memorial in every town, with such a paltry sum. What seems the wisest thing to do is to get a hold of four or five millionaires to give us a million dollars apiece, put the capital into banks or safe investments, and use the interest for all time, for a central bureau of research, where we shall have constantly three or four real scientists with assistants to probe into the cause and cure of dental troubles, their cure before the disease appears—prophylaxis—and issue a monthly bulletin of their findings to the whole dental world. Their findings again, could be given to the daily papers in popular articles, so that the mass of the people may be enlightened.

H. R. HUNTER, D.D.S.

Graduate Indiana Dental College,
Class '05.

Simla, India.

Editor *Oral Hygiene*:—

In the May number, I find an article on page 411, "An Unusual Case," that brought to my mind an unusual one of my own of the same nature.

A young man presented himself for treatment and while waiting for his appointment visited with my office associate who is an M.D. He requested him to look at his "Wisdom tooth that was just coming." On examination a black object was discovered and after placing the patient in a dental chair we removed the same and found it to be a number 8 common wire nail. The head of the nail was very much corroded but the point was normal in every way.

The history of the case was as follows: About fourteen months before he had been playing with a small caliber rifle and a nail stuck in the muzzle. The head was too large to go in, so it rested on the end and the body of the nail was in the barrel. In some way the gun was discharged and the boy shot in the right eye, which was completely destroyed. The X-ray showed some foreign body in the deep tissues and a general anaesthetic was administered for its removal, but the patient stopped breathing and the surgeons had a great deal of trouble to

get him "to going again," and after several attempts its removal was abandoned. It seemed that the body rested on the deep tissues in such a way as to cause partial paralysis of the breathing.

The result was that this nail worked out fourteen months later at a point back

of the left second molar. The bullet has not been heard from yet but we are living in hopes. An interesting feature of the case is that the nail penetrated the right eye and after fourteen months presented itself on the left side of the face.

C. W. M.

ZEIDLER TAKES A WALK

J. CRIMEN ZEIDLER, D.D.S., New Orleans, La.

I WAS passing through one of New Orleans' quaint old streets in the Latin quarter and in noting the many little ragged and soiled children playing in the streets, my thoughts turned to their teeth. Why my thoughts took that turn is accounted for by the fact that I am always more or less given to thinking dentistry in one form or another. With such soiled, (that's too mild a word for their condition—filthy would be lots more appropriate), hands and clothing, I wondered what the condition of their little mouths were. Being just a bit curious, I determined to find out.

I had just returned from the practically world-known French market where I had purchased some oranges, bananas, grapes, fruits, etc., and walking into the midst of about five or six of these children, I asked openly which one had the toothache. No one said a word. I then asked which one had

the toothache last. None answered immediately, and then a dark-eyed olive skinned little girl, pointed an accusing finger at one little Wop and said, "Joe-what's-a-matter-fo-yough, you tella hem you have a badder teeth last-a-week." Joe put a soiled,—pardon me, I mean dirty finger into his mouth and with a puzzled look, as though uncertain himself as to whether or not he had ever suffered said, "Rosie, it's-a-no hurt me no more." By my promising them some of the fruit which I had in the bag I was able to look, at the general condition of their mouths and was agreeably surprised to find all in an exceptionally good condition. One little tot at the offset proceeded to hike its little self, bow-legged fashion up the street to its dismal doorway, and disappeared into its still more dismal looking alley.

The rest good-naturedly submitted to my inspection of their teeth. With a few sim-

ple instructions as to their care and a suitable reward to each I proceeded on my way. I had gone but a short distance when passing a barber shop, I noticed one man, evidently the proprietor, leaning over the lavatory and vigorously brushing his teeth. This struck me as being odd, for the simple reason that here I was in the very heart of the city's dirtiest and least educated class of people. There was something truly impressive about this, and it appealed to me all the more owing to the fact that the man boasted a large black moustache and I inferred from that it was not vanity that caused him to work on them with such ardour. I should have liked to pass on another morning to see whether it was a customary habit of his, or whether he was trying to eliminate the dark brown taste as a result of the night before, that being a Sunday.

Things happened for me that morning insofar as the field of oral hygiene is concerned. An automobile owned by some friends of mine turned the corner, and seeing me with my packages they invited me to enter their car. In the car was the mother, three of her children and the governess. The children were dressed in neat little rompers, white socks and sandals. With my packages, I occupied more than the space allotted to one man and in order to assist, I lifted the only boy upon my lap. It was

then that I was struck with the vast amount of difference in teeth and health. Here was a little fellow whose parents were quite wealthy, who received the very best (?) and most expensive medical attention, yet when he opened his little mouth my heart went out to him, for it had been many a day, since I had had the unfortunate experience to have to look into such a disgustingly bad mouth.

My thoughts then drifted, —(they are always drifting more or less, possibly due to the fact that some forty-second cousin of mine was some sort of a sea captain, pirate or what-not, who at some time or other did lots of drifting) to the difference in wealth, health and education between the little Italian children and those of this wealthy family.

This little son of the rich, as well as his two sisters, had been ill, more or less, since their second year on earth, and with their wealth and expensive medical attention, these children had failed to show any material benefit. On the other hand the little Wops, bereft of wealth, education and hygienic quarters, boasted good teeth, good health and happy dispositions, and truly they say the devil looks after his own.

The irony of fate went further and scorned still more these wealthy people when their negro chauffeur leaned back and grinned, showing a beautiful set of teeth, as he skirted the car

near an organ grinder and his monkey, causing the monkey to race wildly to the top of the organ as far as he could go in the limited area allowed him by his linked chain. The children insisted that they be allowed to hear the organ and see the monkey, so the chauffeur stopped the car and beckoned the Italian nearer. With a slight hesitancy he drew near and started grinding out some prehistoric melody; while "Da-monk, he climb all over the car." Irony ironed further still for 'da-monk' possessed a strikingly good set of teeth as also did the Wop that ground the organ. While they were terribly neglected and covered with a greenish mass, their regularity and strength could not be doubted.

These good people drove me to my home, where I was met by my mother and sister, and though not the general rule for the family of a dentist, they both added line to the harmony through my knowledge that they possessed good teeth.

I remembered as a little tot, my daily instructions about my teeth, thanks to that dad of mine, and to my mother, who so diligently saw to it that the instructions were carried out. However, I soon got away from them, and while at college, there was many a time I missed brushing them, which only goes to prove that as soon as there is shown a certain amount of laxity, we take advantage of it to stray from the path of

righteousness.

That heredity has a great deal to do in regard to a child's having a good set of teeth, there can be no doubt, but that poor teeth can be made better by constant care is another indisputable fact. When a mother neglects this, —I might say truly sacred duty, she falls short in one of her most important duties. There are just worlds of mothers who are satisfied if the linen, face and hands are clean, and worry not about the teeth, and for this they should be ashamed of themselves. There are others who hardly realize that the little ones have any teeth until they are kept awake a night or two by their suffering from toothache.

Some other morning I'm going to stroll back through these quarters, and now that summer is in full blast, the chances are that I will find the majority of these children playing in the streets, and from their own lips I am going to try and get the story of just what they know about their teeth.

They may be pathetic and they may be humorous, it remains to be seen.

There's one particularly bright-eyed son of Italy down there that I am interested in and I am going to write you just what he tells me, the next time I see him. On my last visit, I met his father who told me in all earnestness, "My leetle boy, Vince, he drink a-plenty wine, get-a-drunk and go to bed."

STANDARDIZATION OF COLLEGES AND STATE BOARDS

G. E. MASSART, D.D.S., Appleton, Wisconsin

REFERRING to Dr. H. E. Tompkins' article in *Oral Hygiene* of June, I thoroughly agree with the doctor's suggestion, as to licensing and registration. But as to state board examinations, I am inclined to believe that it should be limited to lack of proper credentials.

I once discussed this subject with a faculty member of one of the leading colleges and he in turn said, that the state board examination was a safeguard against disreputable institutions and right here is the bone of contention.

I believe that fully ninety per cent. of the profession will agree with me that the cost of acquiring their degree came from a source of hard earned dollars.

Now then, who shall place the line of demarcation as to whether or not a certain college is reputable. They all advertise as such, but the board doesn't seem to agree with them, which is proven by their failure of recognition.

Where then, is the young man who aspires to a dental education to find out? If he should inquire of local practitioners, one will say this and the other that. And when he graduates from either the state board looms up before

him with an invitation to come and see them at a given time with the necessary \$25 and then they will let him know at some future date whether or not he is efficient or eligible to practice in his own state to say nothing of the others.

I admit we are having some interstate recognition, but it is far from being international.

It seems to me that the restriction should be placed on the colleges and *not on the individuals.*

That a national board be appointed to see that only standard institutions existed and be recognized by every state in the union.

If anyone can give me a good reason why a man who is eligible or efficient to practice in one state and not in another, I want to hear it.

Here is another angle of efficiency. I thought at one time of changing my location to practice in Illinois; so called on the secretary of state board and informed him of the fact. I then asked if I was up against a board examination and he reckoned I was. My reason for asking was because I had lost my registration certificate, and after he was informed of this he immediately said, "Oh!

that's different, all you have to do is to make an affidavit to that effect.

Now then, the fact that I was registered made me eligible even though I had never taken a board examination. And while I don't believe that my precious registration increased my efficiency any at that particular time, yet a few minutes before, my college credentials, which were at one time accepted, would have been nil, so far as efficiency was concerned, until the state board had extorted another \$25 and found out.

No one can deny that specializing is one more step toward perfection and there are a great many in the profession who specialize and many more that endeavor to. Consequently it leaves but a

general idea for all branches outside of that specialty.

Yet the board would say that we must be up to the minute on all subjects and possibly "catch questions," also. Well, so far as falling short of knowledge on any case that might not be within general practice, there are always plenty of authors to refer to, and I will wager that it is a hundred to one shot that there are quite a number of members of the state board that could not pass an examination after being out of school for a number of years.

And so again I agree with Dr. Tompkins' suggestion of government regulation as to standardization of colleges and state boards if need be guard against illegal practitioners.

ADDRESS OF WELCOME— N. Y. STATE DENTAL SOCIETY.

HON. JOHN H. FINLEY, Albany, N. Y.
Commissioner of Education.

I HAVE been asked to say a welcoming word and I have accepted, not only because we of this university have a concern for the standards and service of this profession, but also because we are beginning to appreciate your part in contributing to the effectiveness of the school.

I have asked our newly-appointed State Medical Inspector, Dr. William A. Howe, under whom the medical in-

spection of all the children in the schools of the State is carried on, to aid me in expression of this appreciation. These are some specific facts which he has furnished in response:

"There are 4,632 dentists in New York State.

"Next to the physicians, dentists form the largest and most influential organization of conservators of the health of the public in the State.

"Like the physicians, the dentists are doing an enormous amount of gratuitous work and are always found willing to do still more. Only during the past few years has the real value of good dental equipment and a clean mouth been fully appreciated.

"In our leading hospitals it is becoming more and more mandatory that every patient before undergoing a serious surgical operation shall first be subjected to a careful cleaning of the mouth and repair of defective teeth.

"In our great institutions where tuberculosis is being so successfully treated, the dental dispensary is today recognized as an indispensable factor in the care of the tubercular patient.

"In several cities of the State, the number of which is steadily increasing, dental dispensaries are being operated either associated with or independent of our union school system.

"The medical inspection law administered under the direction of the Education Department hopes and expects to do much both in preventive and corrective educational work in the care of the teeth.

"For a time it is to be expected that much volunteer work will necessarily have to be done by local dentists until the various municipalities can be brought to realize the importance of this feature of educational work.

"It will be the aim of the department to enlist the co-

operation of the dental profession of the State in this campaign for cleaner mouths, better teeth and better health for the school child.

"It would seem as if, through the dental profession, a most successful system of education of parent, teacher and child could and should be conducted.

"To insure good health it is highly essential that we begin at the gateway of the body making certain that this avenue is clean and properly equipped for its important functions.

"Our educational institutions should be more extensively utilized in extending the propaganda of clean mouths and good teeth."

And what Dr. Howe has said, I would repeat without quotations marks as expressing the basis for my welcome to you who represent that profession.

But I wish to welcome you as those who work with the Creator to make some of His laws operate to counteract others.

I think of this university as a physical and spiritual agency for helping the Almighty to conserve what He has created.

And I wish to think of you, not as men engaged in commercial, gainful enterprise, but as an association, a brotherhood, as Professor Palmer put it, not long ago, in this very room, "to make a more comfortable and more beautiful, human world." For I think of your mission as not

merely relieving pain and improving machinery, but of making faces more beautiful.

I have been reading recently a satire on our English civilization—a description of a land where, in the desire to develop a sound and beautiful race, individuals who are physically ill are treated as we treat a criminal. One chapter describes the trial of person for pulmonary consumption. Toothache would undoubtedly there be considered a misdemeanor, punishable by fine or imprisonment

unless the individual could correct his offense. This seems all very absurd, but think of how the pain and ugliness and inefficiency could be reduced if only we could be insistent upon as high a degree of physical hygiene as of moral hygiene.

Again I give you most cordial welcome and I hope that our hospitality may be as an anesthetic which will make you insensible to any pain or discomfort while under our roof.

MOUTH HYGIENE JINGLES

T. A. LEACH, D.D.S., Emporia, Kansas

Cock-a-doodle-doo!
My dame has lost her shoe;
My master's got the toothache
And don't know what to do.

Cock-a-doodle-doo!
What is my dame to do?
Till master gets his tooth fixed
She'll dance without her shoe.

Cock-a-doodle-doo!
My dame has found her shoe,
My master's got his tooth filled
And feels again like new.

Mary had some little teeth
But you would never know
That underneath the greenish
stain
They were as white as snow.

But Mary got a brush one day
And brushed them up and down
Until they were as white and
clean
As any girl's in town.

Now Mary has some little teeth
That shine like little pearls
Because she keeps them white and
clean
Like other little girls'.

Jack Spratt could chew no fat,
His wife could chew no lean,
And do you know the cause of
that?
Their teeth were not kept clean.

Jack and Jill went up the hill
To get a pail of water;
Jack fell down and broke his
crown
And had the toothache after.
Then up Jack got and off did
trot
As fast as he could make it
With all his youth to get a tooth
Where his tumble made him
break it.

One by one the dentist, pleasant,
Drew what he was told to draw
So I have no teeth, at present,
Clinging to my upper jaw.

If you think my looks belie it,
If you think me fooling still,
Go yourself, my friend, and try
it,
If it hurts, I'll pay the bill.

COMFORTING THE PATIENT

AN ILLUMINATING CORRESPONDENCE

DR. E. NUFF SAID,
Boll Weevil, Ala.

Dear Sir: I received the plate, but am sorry to inform you, that I can't wear it. It is so big, and so loose, that it won't stay in my mouth. I have tried to wear it, but it has made my mouth very sore. You remember that you said, if it did not suit, you would make it over. Let me hear from you soon, I remain,

Yours respectfully,
(MRS.) I WANT MOORE.

BOLL WEEVIL, ALA.

October 29th, 1914.

MY DEAR MRS. MOORE:—

Your note of the 26th is received; in reply will say that your acquaintance is of too short duration to pass judgment upon the real merits of a lower plate. When you associate with it longer, I am sure your feelings will undergo a change.

A close attachment to a lower plate on so short acquaintance is exceedingly rare. You should be patient and long-suffering, and give it the benefit of any existing doubt, until you are perfectly familiar with its peculiarities; and, it has many. At first, it has a way of defying you, and, seemingly to turn around and stare at you with a ghastly grin. There is no use arguing with it. No logic that has ever yet been pro-

duced, even by the Germans, will subdue it. It is a case of heroic mastery, of you, or it. It is the most intelligent seeming thing a dentist creates; but I assure you it is all a bluff. Nothing emanating from such a source is as intelligent as it would have you believe. Everything about it is artificial, even its most stubborn characteristics. It will try to prevent you eating; but don't let it. Eat. If you yield to its foolishness, even in this, it is only humoring one of its many whims, to encourage it to further annoy you. Still, if it makes you feel as if you had all-out-of-doors, and the dining room included, in your mouth; abstain until you can catch it off guard, then slip something soft in there, and slowly bring it into use; then go slow; and keep on going slow. If it goes so far in its inhuman annoyance as to rub too hard, or, if it cuts into your gums; rub and cut back. If you have nothing at hand with which to do yourself justice; go for help to the dentist; he will be glad, no doubt, to get back at it, for he has probably had to tussle with it himself, in the effort to turn out a piece of first class art.

First and last, it is a deception that science is trying to put over as the real thing; when in reality it is only a monument to the lost.

This whole matter should be looked squarely in the face, and dealt with in a real intelligent manner. There is enough pretense in the plate and the real intelligence of the victim must overcome the artificialness and pretenses.

In conclusion, I will caution you, never let it get out of your sight, as it has a way

of getting itself broke very mysteriously. Keep it in the mouth night and day. Have an understanding that you are willing to associate with it, and do your part by it only on condition that it will do the work intended. Then it will get busy and prove a real comfort to you.

Very apprehensively yours,
E. NUFF SAID, D.D.S.

THE STERILE TOOTHBRUSH

T. BENEDICT FURNISS, D.D.S., New York City

THERE is nothing more menacing about the well-made toothbrush than there is about one's hairbrush or one's sponge, when a reasonable hygienic care is taken of all of them. Dr. Bernard Feldman is unnecessarily alarmed.

Besides the fact that the mouth that is cleaned once, twice or three times a day cannot possibly supply bacteria in menacing numbers, it must be remembered that the tooth bristles, bathed and saturated so frequently with tooth paste ingredients more or less antiseptic, furnish anything but a happy abiding for germ pests, no matter how vital and resistant they may be. So that if we merely hang the toothbrush somewhere in the sunshine after each washing of the mouth and teeth and buy a new brush at decent intervals, we need not get gray worrying about virulent bacteria.

According to *Hygienic Laboratory Bulletin No. 82*, issued by the Public Health and Marine-Hospital Service

of the United States, page 53; lysol in one-half per cent. solution has killed *Bacillus Typhosus* or typhoid bacilli in five minutes. In a lysol solution of 1 in 140 (less than one per cent.) no typhoid bacilli were alive after two and one-half minutes' exposure. If the toothbrush be merely dipped in the solution and removed again a five per cent. strength will ensure immediate destruction of all germ life. Two per cent. or even one per cent. strength is enough if the toothbrush is left in the solution for any time.

If something more sanitary than the modern toothbrush can be devised and made adaptable not alone for the dentist's office, but for home use, let us give the fellows who are endeavoring to do it all the helpfulness we can. But while we're waiting for them, it won't help them or ourselves to throw out the best thing we know about now.

-o- EDITORIAL -o-

WM. W. BELCHER, D.D.S., EDITOR
186 Alexander Street, Rochester, N.Y.

ORAL HYGIENE does not publish Society Announcements, Obituaries, Personals or Book Reviews. This policy is made necessary by the limited size and wide circulation of the magazine. -:- -:-

IS IT UP TO THE PROFESSION TO TAKE THE NEXT STEP?

AN editorial in the November, 1914 issue of the *Dental Cosmos* reads in part, "No school can successfully maintain a four years' curriculum when the state laws will grant a license after examination to an applicant graduating from a school requiring only a three years' curriculum. Reduced to its lowest terms the state laws have thus far backed and supported the position of the short term schools and left those in the advance guard to shift for themselves. * * * * *

When the dental profession wants to advance its standards of professional preparation it can do so by amending the state dental laws so as to require graduation from a four years' curriculum as a prerequisite for the dental licensing examination. There is nothing obscure about the case; it is clearly 'up to' the dental profession, and, in this fundamental matter as Dr. Mayo has asked, 'Will the dental profession take the next step?'"

The writer has no desire to add to the burden of the earnest, conscientious men who form a large part of the teaching force of our dental schools but this oft repeated excuse that it is up to the dental profession and the state examining boards, is almost humorous when compared to the work of the medical colleges. For years they sang the same old song and it needed the Carnegie Foundation and the Council on Medical Education of the American Medical Association to make them see things in a different light.

As outlined in a previous editorial, only twenty state examining boards require more than a four years' high school course and three require no medical diploma for examination. New York requires a high school certificate only, but five of the nine medical schools demand one year of collegiate work, one two years and one four years; this is equally true in other

states. All over the country we find the medical schools advancing their requirements independent of the state licensing boards.

The medical department of Cornell, Johns Hopkins and Harvard demand a full collegiate course before entrance and it is interesting to note that while the average attendance of all medical schools is 163, the average of these institutions is 258. As stated in a previous editorial, seventy-five per cent. of all medical graduates are from Class A schools, whose requirements are much higher than the majority of state medical examining boards.

The truth of the matter is that the dental schools regulate the standards of the dental profession and most men are well content to abide by those standards.

Again, the editor of the *Dental Cosmos* says in an editorial of August, 1914, "Much of the criticism of the colleges comes from men who graduated under primitive educational conditions in dentistry. The recent graduate immediately becomes a 'reformer' of dental education." Sure he does; he sees the NEED of such reform.

The dental profession has no schools to give its education an uplift as the medical departments of Cornell, Harvard and Johns Hopkins. So long as the number of students enrolled stands for success we will continue a profession of partial culture and preparation. It is up to the endowed school with great resources to advance its requirements instead of formulating childish excuses. If this is done, the state examining boards will soon follow as in medicine.

The experience of New York state in raising its standard was not encouraging to further efforts along this line. In 1901 it passed a dental law requiring four years of high school work and no dental school in the state could accept students of lower standard. Many entered dental schools in neighboring states and on graduation returned unable to comply with the law and take the examination of the state board. These men could not join their local dental society, they had no standing in the eyes of the law and unable to sue in the courts for recovery of services, yet they settled down to practice and defied those in authority. Oh yes, we could arrest them for non-registration but on presentation of evidence before an intelligent jury, the attorney for the defense urged that this was a case of *persecution* and not prosecution. His client had a diploma from the University of _____ dental department, an institution with an honorable record dating back to the Pilgrim Fathers. He was a skillful dentist and his only offense that he had not a high school certificate, three-fourths of those appearing against him were not so well educated or fitted for practice. Through no fault of his he had been made an outlaw with the members of a dental trust hounding him at every turn and preventing

his support of an invalid mother, or perchance a father, who was an old soldier and the only outcome of a conviction would be to wreck the defendant's life and place the old folks in the poor house.

Now the dental law of New York state demands a high school certificate or its equivalent, an examination before the state examining board and registration at the county clerk's office, otherwise the law is violated and no right to practice. Does the intelligent jury convict? They do not and you can't get them to do so, at least, this is the experience in the districts outside of New York City. This man may be again arrested but at great expense and effort, but this is nobody's special business and many members of the profession are not agreed as to prosecuting when others holding a certificate are less skilled. The fault was with the college allowing him to graduate. Of course he could return to the state of his graduation but man is not always master of his destiny and oftentimes it is a question of remaining where he is not qualified or giving up practice.

All other things being equal, the man with the preliminary education will make the better dentist, this is not always true but never a law but worked hardships on a few. Formerly the training secured in any dental college was deemed sufficient but this time has passed and modern dentistry is based on scientific knowledge. To obtain this, the student must have a much better preliminary education and it is "up to" the dental school that he receives such knowledge.

PUBLIC SCHOOL PRIZE ESSAYS ON CARE OF THE TEETH

FROM widely separated sections of the United States come reports of Prize Essay contests in the public schools on dental subjects. This also has been done in the New York state schools when the lecturer, representing the state health department, gave his talk and a small prize was offered by the principal or someone in authority. Many of these were on exhibition at the Fourth International Congress School Hygiene, held at Buffalo, N. Y., 1914.

At Oxford, N. C., a local dentist offered a prize medal for the best essay on oral hygiene, which was won by a fourteen year boy with a paper of such excellence it is hard to believe he could have accomplished it without help. Three others were so meritorious that a second committee had to be appointed to decide which was the better.

At Ogden, Utah, the local dental society offered a prize

of three dollars for the best essay on "The Care and Eruption of the Permanent Teeth," and two dollars for the second best. The competition was confined to the Central Junior high school, and eighty-two papers were submitted.

Wheeling, W. Va., has a different plan that is working out equally well. The local dental society supply the funds for the druggist to offer a cash prize for the best kept set of teeth in the public schools up to and including the eighth grade, no limit to the number of contestants; the Wheeling Dental Society to be the final judges. The druggist runs ads touching the proposition during the school year and at regular intervals appear such notices as, "We would advise you to see your dentist and have your mouth put in perfect condition." "To the parents, help your children win the prize." "Dental help not forbidden," etc.

It is expected this movement in Wheeling will affect 5,000 school children. Why not try some one or all of these plans in your local work? The editor stands ready to help you all he can and refer you to those who have tried it out in a practical way.

NOTE AND COMMENT

"Practical Oral Hygiene, Prophylaxis and Pyorrhea Alveolaris" is the title of Dr. Robin Adair's new book, a publication of some 450 pages, printed on good paper with numerous illustrations and substantially bound in cloth. This is the second edition, much enlarged, improved and up to date. To the dentist desiring material for lectures or information on any one of the three subjects handled, it is a most valuable volume and should find a place in the library of every practicing dentist.

The June issue of *The Dental Record* (Eng.), contains the names of 239 dentists and students serving the colors afloat and ashore. The following, taken from the *Lancet* of May 15, 1915, clearly shows the need of dentists in the army, and that the English authorities are ready to give a tardy recognition of this condition. "That more dental surgeons should be attached to the Expeditionary Force has been the opinion of a good many observers. A vast amount of dental work is waiting to be done. This will cause no surprise to those acquainted with the dental conditions of this country, and more especially those who have had the opportunity of seeing the condition of the mouths of those accepted as recruits. Man after man has been returned from France suffering from conditions traceable to the teeth, conditions which could have easily been avoided by a little foresight. It is known that during the Boer war nearly 2,500 soldiers were invalidated home from South Africa on account of teeth, and it has been computed that this meant a financial loss of nearly a quarter of a million to the nation. Yet the lesson was not learned, and no adequate steps were taken.

"On the outbreak of the present war there was no machinery for dealing with this serious question of dental disease in the soldiers and the work of attempting to deal with it devolved mainly on the philanthropy of the dental hospitals and private practi-

tioners, and to their credit be it said that they did all that was possible. Subsequently, during September and October, about twelve dental surgeons were sent to France, and since then others have gradually been appointed to various centers. The number appointed, however, is quite inadequate to deal with the extraordinary amount of dental disease, and reliance has still to be placed on the charitable institutions, which, in many instances, have, we believe, entered into business arrangements with the war office. The provision made is still inadequate and in many ways most unsatisfactory. In the first place, dentistry, although a branch of medicine, requires special knowledge, and it would therefore seem advisable that for this section of the army medical work the Director-General of the Army Medical Service should be able to call for the best expert aid in general organization. In the second place the work which is being done by the various officials of dental hospitals and by dental surgeons attached to the general hospitals is not officially recognized. In many cases these officials are medical men, and it would be more satisfactory if they were accorded rank, as it is accorded to other civilian medical men employed in war service. The absence of proper recognition of the workers makes it extremely difficult to obtain the service of the younger men. To our knowledge there has been a great trouble in persuading young dentists that they are doing better work by remaining at home and attending to the dental needs of the soldiers than by joining the forces as combatants.

"The army dental surgeon does not need to be an expert in dental mechanics, but rather one capable of performing surgical operations on the teeth, knowledge which a medical man can acquire in a period of probably six months. It is quite clear that the future will see a demand for dental surgeons for the naval, military and civil service; such men will not require the elaborate mechanical training now demanded by the various licensing bodies, rather will these dental surgeons be required to possess a good knowledge of allied medical conditions, so as to give them a basis for forming general conclusions. We think that those responsible for dental education should seriously consider the question and make the curriculum of the dental students less mechanical and more medical in character."

The Woman's Hospital, Philadelphia, Pa., as early as 1890 claims to have had a dental clinic which was supplied intermittently with volunteer operators, some of them undergraduates.

The necessity of this work among the needy poor children and their mothers so impressed itself on the social service department that the clinic was reopened April, 1914. Dr. Anna Sellers is in charge, and during the first six months 122 children had their teeth put in order. A charge of twenty-five cents per tooth is made, but service is refused to none if unable to pay.

Uncle Sam shipped 167,000,000 pounds of refined sugar to Europe during the month of July, 1915. Time was when they exported great quantities of sugar to this country, but all are too busy killing one another to supply this need or any other than powder and shot.



HERE'S A NEW ONE



We want good clean humor for this page and are willing to pay for it. Send me the story that appeals to you as "funny" and if I can use it, you will receive a check on publication—Address EDITOR, 186 Alexander St., Rochester, N. Y.

Bobbie's mother had just taken out her winter garments. "Ma," said the observant Bobbie, "What did the moths live on before Adam and Eve wore clothes?"—Miss T. G., Charlotte, N. C.

"John," demanded the wife of her intoxicated spouse, "How did you get that gash on your forehead?"

"Guess I must have bit myself."

"Bit yourself!" scornfully. "How could you bite yourself way up there?"

"Guess I must have stood on a chair."—M. H., Cleveland, O.

She was a very stout, jolly-looking woman, and she was standing at the corset counter, holding in her hand an article she was returning. Evidently her attention had been suddenly drawn to the legend printed on the label, for she was overheard to murmur, "'Made expressly for John Wanamaker.' Well, there! No wonder they didn't fit me!"—A. E. B., Rochester, N. Y.

Two brothers inherited each \$2,000 and immediately purchased automobiles. One paid the whole amount of his inheritance and the other bought a Ford. Meeting at the foot of a steep and sandy hill, the heavy, expensive car could not make the grade, while the little Ford climbed it easily. The Ford owner laughed at his brother about his failure and the latter replied, "Yes, you climbed the hill all right, but what was all that rattling I heard?" "Oh," replied the Ford owner, "that was the \$1,500 change rattling around in my pocket!"—C. S. B., So. Paris, Me.

"Liza, what fo' yo' buy dat udder box of shoe-blacknin'?"

"Go on, nigga', dat ain't shoe-blacknin', dat's ma massage cream!"

A hold-up man seeing a friend in a fight with a policeman, ran to his assistance, whereupon his friend turned and gave him an uppercut, saying, "If you want a fight, go get a policeman of your own."—L. C. R., Quincy, Ill.

An old colored mammy was up before the judge for maltreating her offspring, an eight-year-old boy. She thus addressed the court after receiving a reprimand:

"Just one thing I wants to ask, your honor: was you ever the father of a worthless colored chile?"—J. W. B., Albany, N. Y.

A constable in a small town received by post six "rogues' gallery" photos, taken in different positions, of a much wanted burglar in a neighboring city. A fortnight later the constable sent this message to the city chief of police. "I have arrested five of the men and am going after the sixth tonight."—W. B. G., Waterbury, Conn.

"I thought in my fifteen years' practice of medicine," said a physician, "I had answered every possible 'fool' question, but a new one was sprung on me recently. A young man came in with an inflamed eye, for which I prescribed medicine to be dropped into the eye three times a day. He left but soon returned and poked his head in the doorway and asked, 'Shall I drop this in the eve before or after meals?'"—S. C. R., D.D.S., Saugerties, N. Y.